



# Clark County Building Department

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000

## Express Plan Review Program Application

James Gerren, P.E., Director  
Werner Hellmer, P.E., Deputy Director • Scott Telford, P.E., Deputy Director

Project Name: \_\_\_\_\_ PAC#: \_\_\_\_\_

Project Location (APN must be included): \_\_\_\_\_

Project Description/Scope: \_\_\_\_\_

Estimated Valuation\*: \_\_\_\_\_ \*Minimum \$250,000 Valuation Required

**PLEASE CHECK BELOW THE PLANS BEING SUBMITTED FOR EXPRESS PLAN REVIEW:**

Architectural    
  Structural    
  Electrical    
  Plumbing    
  Mechanical    
  Fire Protection    
  Zoning

**Off-Site/On-Site plans must be approved in Civil Engineering. List the numbers below for Civil Applications:**

Grading Offsite #: \_\_\_\_\_ Land Use Approval#: \_\_\_\_\_

### CITIZEN ACCESS CONTACT INFORMATION

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact ID: \_\_\_\_\_

**Project Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### DESIGN PROFESSIONALS INFORMATION

#	NAME	DISCIPLINE	COMPANY NAME	E-MAIL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

### FEE AND INITIAL PLAN REVIEW SCHEDULE

Total Express **Building Plan Review** Fee: \$ \_\_\_\_\_ 2x Collected At Submittal: \$ \_\_\_\_\_  
 (Zoning Express Plan Review 4X Standard Fee Due at Permit Issue) 3x Collected Upon Express Approval: \$ \_\_\_\_\_  
 4x Balance Due At Permit Issuance: \$ \_\_\_\_\_

Initial Plan Review Completion Date: BUILDING: \_\_\_\_\_ ZONING: \_\_\_\_\_

**NOTE: Revision Express Plan Review Fee is Two (2), Three (3), or Four (4) Times The Plan Review Fee Per Clark County Building Administrative Code (See Section 22.02.345)**

### FOR ZONING DEPARTMENT ONLY

Qualified    
  Not Qualified For Express Pre-Submittal Meeting At This Time    
  Zoning Only (Comprehensive Planning Dept.)

**Zoning Plans Examination Supervisor**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR BUILDING DEPARTMENT USE ONLY

Qualified    
  Not Qualified For Express Pre-Submittal Meeting At This Time

**Building Plans Examination Supervisor**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Assigned Plans Examiners' Initials**

ARCH: \_\_\_\_\_ ELEC: \_\_\_\_\_ P/M: \_\_\_\_\_ STRU: \_\_\_\_\_ FP: \_\_\_\_\_ ZONING: \_\_\_\_\_

Comments: \_\_\_\_\_

**Bldg Plans Exam Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Deliver Completed Express Application To Clark County Building and Fire Prevention Dept. or Email to [pacenter@clarkcountynv.gov](mailto:pacenter@clarkcountynv.gov) - Phone: (702) 455-8972